Approved For Release 2008/05/13 : CIA-RDP85B01152R000200200008-8

15-1

**ROUTING AND TRANSMITTAL SLIP**

Date: 15 September 1983

| TO: (Name, office symbol, room number, building, Agency/Post) | Initials | Date |
|---|---|---|
| 1. Chief, PMS/OL, [redacted] | | |
| 2. | | |
| 3. | | |
| 4. | | |
| 5. | | |

| | | | |
|---|---|---|---|
| Action | | File | Note and Return |
| Approval | | For Clearance | Per Conversation |
| As Requested | | For Correction | Prepare Reply |
| Circulate | | For Your Information | See Me |
| Comment | | Investigate | Signature |
| Coordination | | Justify | |

REMARKS: Re [redacted]

1 - Attached is a copy of the letter we discussed on 15 Sep. I spoke to [redacted] EXO/OMS, and asked that he send comments to you re any interest OMS may have in the services provided by [redacted]. Harry said he would do so and mentioned that he had received several other letters forwarded to him by other elements of the Agency which had also received correspondence from [redacted]

[redacted]

DO NOT use this form as a RECORD of approvals, concurrences, disposals, clearances, and similar actions

| FROM: (Name, org. symbol, Agency/Post) | Room No.—Bldg. |
|---|---|
| O-EO/DDA | Phone No. |

5041-102

OPTIONAL FORM 41 (Rev. 7-76)
Prescribed by GSA
FPMR (41 CFR) 101-11.206

GPO : 1981 O - 361-529 (148)

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# EXECUTIVE SECRETARIAT

## Routing Slip

TO:

| | | ACTION | INFO | DATE | INITIAL |
|---|---|---|---|---|---|
| 1 | DCI | | | | |
| 2 | DDCI | | | | |
| 3 | EXDIR | | | | |
| 4 | D/ICS | | | | |
| 5 | DDI | | | | |
| 6 | DDA | ✓ | | | |
| 7 | DDO | | | | |
| 8 | DDS&T | | | | |
| 9 | Chm/NIC | | | | |
| 10 | GC | | | | |
| 11 | IG | | | | |
| 12 | Compt | | | | |
| 13 | D/EEO | | | | |
| 14 | D/Pers | | | | |
| 15 | D/OEA | | | | |
| 16 | C/PAD/OEA | | | | |
| 17 | SA/IA | | | | |
| 18 | AO/DCI | | | | |
| 19 | C/IPD/OIS | | | | |
| 20 | | | | | |
| 21 | | | | | |
| 22 | | | | | |
| | SUSPENSE | | Date | | |

Remarks:

Executive Secretary

9/7/83

Date

3637 (10-81)

STAT

Date

# ROUTING AND TRANSMITTAL SLIP

| TO: (Name, office symbol, room number, building, Agency/Post) | Initials | Date |
|---|---|---|
| 1. EO/DDA | | 7 Sept |
| 2. | | |
| 3. D/OMS | | |
| 4. | | |
| 5. | | |

| | | |
|---|---|---|
| Action | File | Note and Return |
| Approval | For Clearance | Per Conversation |
| As Requested | For Correction | Prepare Reply |
| Circulate | For Your Information | See Me |
| Comment | Investigate | Signature |
| Coordination | Justify | |

REMARKS

Please have a response prepared for Mr. Fitzwater's signature.

If you want to discuss with me, please call.

DO NOT use this form as a RECORD of approvals, concurrences, disposals,

FROM:

Room No.—Bldg.
7 D 24 Hqs

5041-102

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Next 3 Page(s) In Document Denied

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